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April 18, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, MD  
Director and Chief Medical Officer

**SUBJECT: ACTIONS FOR KING/DREW MEDICAL CENTER**

At the April 12, 2005, meeting of the Board of Supervisors, Jim Lott, Executive Vice President of the Hospital Association of Southern California presented three recommendations for addressing the lapses in care that have occurred recently at King/Drew Medical Center (KDMC). These were:

- Require attending physicians to provide on-site supervision of all invasive medical and diagnostic procedures performed by resident physicians.
- Employ a group of independent physicians to act as on-site hospitalists or intensivists to monitor and coordinate all in-patient critical medical care provided by physician staff.
- Hire an independent group of registered nurses trained in intensive care to walk the halls on a 24 hour a day, seven day a week basis to monitor the nursing care being provided.

The Board approved a motion instructing the Department of Health Services to report back on these recommendations with a plan to implement them within 48 hours of obtaining approval from the Board. Below is a summary of the actions being taken with regard to each of the recommendations.

### Resident Supervision

Presently, the community standard for supervision of residents requires that an attending physician be present for invasive procedures until such time as the resident has formally demonstrated competence in the procedure. Any procedure performed in the operating room or under conscious intravenous sedation is generally considered "invasive".

Other invasive procedures, such as those under local or no anesthesia, may be performed by or under the supervision of credentialed senior residents. Credentialed residents are those who have been formally trained and observed in the procedure by attending staff, have accumulated sufficient supervised experience, and have been granted privileges for that procedure by the residency program director and/or the chairman of the clinical department. The Department has implemented a comprehensive resident credentialing process that assures residents are fully competent to perform procedures before they are allowed to perform them independently.

KDMC attending physicians are already performing at this standard of supervising all invasive procedures. Random audits of medical records at KDMC indicate that the attending physicians are meeting this standard in a manner that is comparable with the performance of the other three DHS training facilities.

### Physician Coverage

In addition to the recommendation made by Mr. Lott on this subject, Navigant Consulting, Inc., identified in its assessment in the need to bring on intensivists to provide additional Intensive Care Unit (ICU) coverage.

KDMC presently has three employed internal medicine hospitalists who cover the hospital during the night shift from 7:00 p.m. to 7:00 a.m. This is in addition to full-time internal medicine coverage during the day. Hospitalists are generally used to cover the medical-surgical units of the hospital. Presently, these physicians are in-house during nights and weekends to provide assistance to resident and nursing staff when requested or needed. All attending physicians will now be required to take a more active role in patient care activities by making regular rounds and charting in the patient's medical record during the night and on weekends.

With regard to obtaining intensivists, the Department has been in contact with a private physician group; however, it does not appear this group can meet the facility's coverage needs. Intensivists are physicians with specialized expertise and training in managing intensive care level patients. These can be physicians in internal medicine, anesthesiology, or other clinical specialties who have obtained specialized

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training either through a fellowship or experience. In order to provide continuous care in the ICU for nights and weekends, KDMC would require five additional physicians with intensivist training in order to fully staff the ICU on a 24 hour a day, seven day a week basis.

As noted above, to meet the initial coverage needs, the current County-employed hospitalists will be required to take a more active role in the management of patient care during nights and weekend through regular rounding and charting and supervision of resident activities. The Department is seeking additional intensivists to increase the attending coverage in the ICUs, but as this is a highly specialized area, there are limited physicians available to immediately bring on board. The Department estimates it could take six to eight weeks to hire the number of intensivists needed to provide full coverage in the ICUs.

#### Nursing Coverage

One of the requirements under the agreement with Navigant is the ongoing assessment of the competency of nursing staff and implementing any necessary remediations. To accomplish this, and in accordance with the contract terms, Navigant has brought on five nursing directors in the areas of medical-surgical, intensive care, perioperative and maternal and child health, psychiatry, and emergency services to provide direct oversight of nursing activities throughout the hospital. In the amendment being prepared for your Board's consideration, Navigant also will be adding four additional nurse managers to supplement this oversight and perform regular rounds throughout the hospital. Navigant has recommended this additional nursing coverage be in place for eight weeks, beginning May 1.

In the interim, Navigant has adjusted the schedules of its existing contracted nursing directors, as well as those of the County-employed nurse managers, to provide supplemental on-site supervision during nights and weekends until May 1, when additional nurses are brought on.

Please let me know if you have any questions.

TLG:ak

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors